

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 396 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Procure group adult services Telephone: 803-740-3822

Address: 2 Sunrise Court Fax: 803-788-5031

Columbia, SC 29229

Other:

godubena@yahoo.com

Email: flawal2000@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input checked="" type="checkbox"/> Application   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
NOV 20 2012  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

gas

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date:

11/19/12

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Procure Group Adult Services, LLC

2 Sundracc Court, Columbia, SC 29229

Street Address of Applicant

Same as above

Mailing Address of Applicant (if different from street address)

803-740-3822

Phone

803-788-5031

Fax

rlawal2000@yahoo.com

Email Address

or aodubena@yahoo.com

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Ramota Lawal-Odubena 2 Sundracc Court Columbia, SC, 29229

Adedoyin Odubena 2 Sundracc Court, Columbia, SC 29229

COPY

Posted:

Dept:

Date:

Time:

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

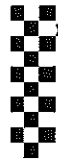
Balance at Time Application is Filed:

Month November Year 2012

**Assets:**

Cash	35,000
Receivables	
Real Estate	450,000
Buildings and Equipment (Net)	
Motor Vehicles (Net)	45,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets *</b>	<b>530,000</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	269,500
Equipment Obligations	
Accrued Salaries and Wages	0
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	<b>269,500</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	<b>259,500</b>
<b>Total Liabilities and Equity *</b>	<b>799,500</b>

\* Total Assets = Total Liabilities and Equity

**PROPOSED RATES AND CHARGES FOR SERVICE***Procure group Adult Services*Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):*Ambulatory - 0.65¢ per mile**wheel chair - 0.85¢/per mile*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
FORD	Tec 2007	FTS534L87DB13755	5,800	Yes
FORD		1FDWE35L83HB77428		Yes

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

PRO CARE GROUP ADULT SERVICES

Name of Applicant

2 Suntrace Ct, Columbia SC 29229

Address of Applicant

**Amount of Premium:**

Liability Insurance \$

\$8004.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

NATIONAL CASUALTY COMPANY

Name of Insurance Company

8877 North Galaxy Center DR Scottsdale, AZ 85258

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11/19/12

Date

[Signature]  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Procure Group Adult Services

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



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**Personal Identification Information**

Name of Applicant: Procure Group Adult Services  
Address: 2 Sunvale Court Columbia, SC 29229  
Federal Employer Identification Number: \_\_\_\_\_

\*\*\*\*\* Confidential \*\*\*\*\*

**For Internal Use Only**

**Print Application**

# *The State of South Carolina*



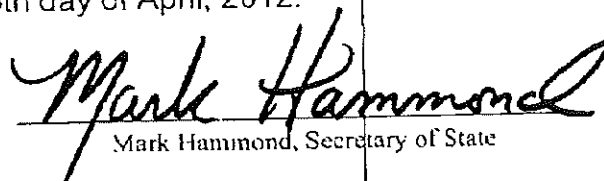
*Office of Secretary of State Mark Hammond*

## **Certificate of Authorization**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PROCARE GROUP ADULT SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of SOUTH CAROLINA, and issued a certificate of authority to transact business in South Carolina on November 24th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
26th day of April, 2012.

  
Mark Hammond, Secretary of State



PO Box 2576  
Sumter, SC 29151

Phone: 803-469-7475  
800-833-4684  
Fax: 877-535-4331

Underwriter: Ruth Watkins

Email: rswatkins@scui.com

Date: 11/16/2012

### AUTO - QUOTATION

New quote offer for #2012817105069 with proposed effective date of 11/16/2012.

#### Quote Name

Pro Care Group Adult Services

1108 Fontaine Road

Columbia SC 29223

John Sanders

Peoples Choice Insurance and Financial Services

8807 C Two Notch Rd.

Columbia SC 29223

(803) 736-0041 (866) 334-1192

**\*\* UPON BINDING, PLEASE ADVISE IF THIS ACCOUNT REQUIRES FILINGS AND ADVISE MC AND/OR DOT NUMBER. \*\***

**BusinessDescription** Commercial Auto Non Emergency Medical

**Proposed Expiration Date:** 11/16/2013

**Subject To:** ☐ Applications ☒ Signed Applications ☒ Subject to No Losses  
☐ MVR's On All Drivers ☐ Subject to Inspection ☒ UM / UIM Form Signed

#### Quote Notes

- 1) Prior to binding  
Provide proof of general liability coverage including professional coverage for 2 scheduled vehicles  
  
Written request to bind e mailed or faxed to our office  
Within 3 days of binding e mail or fax Company Applications with UM/UIM completed signed broker/insured  
Within 30 days of binding provide copy of Logisitcare contract in place - commercial auto requirement section
- 2) Quote subject to the following - Commercial Auto - Non Emergency Medical - Contracted Logisticare - 100 mile radius - 2 owners - mvr on file - 24+ years of age clean/acceptable mvr history - new venture no prior coverage no losses
- 3) See vehicle schedule

Carrier's rating is per AM Best verified on 9/2/2010.

<b>CARRIER:</b> National Casualty Company		<b>BEST RATE</b> A+XV		<b>AGENT COMM:</b> 10%	
<b>PREMIUM:</b>	7,969.00	<b>TOTAL FEES:</b>	35.00	<b>TOTAL TAXES:</b>	0.00
				<b>TOTAL:</b>	8,004.00

The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

**Please review Quote carefully as Terms and conditions May differ from application and/or requests  
NEED YOUR ORDER TO BIND AND ISSUE! QUOTE VALID FOR 30 DAYS**

**Date: 11/16/2012****COVERAGE SECTION****New quote offer for #2012817105069 with proposed effective date of 11/16/2012.**

Coverage	Deductible	Symbol	Limit	Premium
Liability		1	1,000,000	7603
Medical Payments		7	5,000	172
Un-Insured		7	100,000	100
Under-Insured		7	100,000	94
Physical Damage				

Collision

Optional Coverage	Deductible	Symbol	Limit	Premium
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**Additional Notes**

**Date: 11/16/2012****QUOTATION (FORMS, EXCLUSIONS)****New quote offer for #2012817105069 with proposed effective date of 11/16/2012.**

*If applicable, have attached certain manuscript and/or ISO forms to the document. Advise if any other manuscript or ISO form is needed.*

**FORMS AND ENDORSEMENTS:**

- IL0017 Common Policy Conditions
- NOTX0178CW Claims Reporting Information
- UT-SP-2L Schedule of Forms and Endorsements
- UT-234 Schedule of Covered Autos You Own
- CA0001 Business Auto Coverage Form
- CA0230 SC Changes-Cancellation and Nonrenewal
- CA2188 SC Underinsured Motorists
- CA-2 Mileage Limitation-Commercial
- CA2048 Designated Insured
- CA2018 Professional Services Not Covered
- CA-77 Assault & Battery Exclusion
- IL0021 Nuclear Energy Liability Exclusions Endt (Broad Form)
- OP-D-1 Common Policy Declarations
- UT-COVPG Cover Page
- CA-SD-1 Business Auto Coverage Form Supplemental
- CA0150 SC Changes
- CA2119 SC Uninsured Motorists
- CA-38-SC SC-Resident Claim Adjuster Information
- CA2048 Designated Insured
- CA2030 Emergency Vehicles-Volunteer Firefighters and Workers Injuries Excluded
- CA2402 Public Transportation Autos

11/16/2012

VEHICLE SCHEDULE

NAMED ASSURED: Pro Care Group Adult Services

Quote Number 2012817105069

#	Vehicle	Liability	Med Pay	UM / UIM		Comp / SP		Collision
1	2007 Ford Van 15 Pass	3801	86	50	47			
2	2003 Ford Mini Bus 15 Pass	3802	86	50	47			